REVISED 12/22/04 Form: CDO-011-WVR

Montana Law Enforcement Academy Corrections Detention Officer Basic Course Medical Waiver Form

Applicant's Name:		Date of Birth:	
Social Security Number:		Age:	Gender:
This is to certify that I am not aware of any physical or medical participating in strenuous physical activities associated with the as a part of the Correction / Detention Officer Basic Course. I at these strenuous physical activities without causing injury to mysterior.	e l	Defense Tactics T n comfortable tha	Fraining that is required
I have taken ample opportunity to discuss my participation in the are a part of the Defense Tactics Training portion of the Correct my physician. I have advised him/her of any and all physical of that may prevent me or cause me injury or illness from participation.	cti r	ons / Detention O medical condition	officer Basic Course with s that I may know of
Applicant's Signature:		Date of Signature:	
This is to certify that the above named person, as applicant is capable of strenuous physical exercise and active Training portion of the Corrections / Detention Officer Basic Co. I have inquired and been advised by the applicant that there is that may cause undue injury and illness from the applicants parportion of the Corrections / Detention Officer Basic Course.	u n	ties as part of the rse. o known physical	and medical condition
I am placing the following limitations on the applicant's participa [] – None [] – As follows, including allergies and current prescription me		·	one of the following)
Physician's Printed Name:		Telephone Number:	
Address:		City, State, Zip:	
Signature:			

!!!! **NOTICE** !!!!

THIS FORM MUST BE COMPLETED IN FULL AND SUBMITTED TO THE MONTANA LAW ENFORCEMENT ACADEMY NO LATER THAN 10 DAYS PRIOR TO THE START OF THE COURSE. FAILURE TO COMPLETE THIS FORM OR SUBMIT IT WILL RESULT IN REJECTION OF ACCEPTANCE TO THE COURSE.